

GENERAL FACT SHEET

BILL NUMBER

11R-263

BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Requirements for Pest Control Services - StarTran, Quote No. 3640		Multiple Year Contract - 2 years

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Resolution to provide Annual Requirements for Pest Control Services - StarTran, for the Public Works & Utilities Department (StarTran) as per Quote No. 3640, for a two (2) year term beginning at the execution of the contract. This service will be used by StarTran with a cost of \$1,440.00 for the two (2) year term.</p>	Sponsor	Purchasing
	Program Departments, or Groups Affected	Public Works & Utilities - StarTran
	Applicants/Proponents	<p>Applicant:</p> <p>Purchasing</p> <p>City Department:</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	<p>BY</p> <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS**POLICY/PROGRAM IMPACT**

<p>Resolution to provide Annual Requirements for Pest Control Services - StarTran, for the Public Works & Utilities Department (StarTran) as per Quote No. 3640, for a two (2) year term beginning at the execution of the contract. This service will be used by StarTran with a cost of \$1,440.00 for the two (2) year term.</p>	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/ Resolution \$
		RELATED annual operating Costs \$
		INCREASE REVENUE EXPECTED/YEAR \$
	SOURCE OF FUNDS	CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % NON CITY [Approximately] _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %
BENEFIT COST <input type="checkbox"/> Front Foot Assessment <input type="checkbox"/> Square Foot \$ _____ Average \$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY: *Steve V. Sullivan*

REFERENCE NUMBER